

ARIZONA STATE DEPARTMENT OF HEALTH

This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** DIVISION OF VITAL STATISTICS County Registrar's No. * 12
 Place of Birth Globe, Ariz. County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	and	Number in order of birth 2
DATE OF BIRTH* <u>July 13, 1916</u> <small>(Month) (Day) (Year)</small>			
FULL NAME	FATHER Joseph Marta		
FULL MAYDEN NAME	MOTHER Mary (Maria) Vernetti		

I HEREBY CERTIFY that the child described herein has been named
Edith Ida Marta
(Give name in full) (Surname)
Mary Marta
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
 Blank supplemental reports of birth may be obtained from the local registrar.
 11 A.P.

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